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## BIB DATA SHEET

CONFIRMATION NO. 1534

<b>SERIAL NUMBER</b> 10/559,602	<b>FILING or 371(c) DATE</b> 01/23/2007 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> TAN-1001US		
<b>APPLICANTS</b> Nils T. Ottestad, Tonsberg, NORWAY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NO04/00156 06/01/2004 YES /CS/ <b>** FOREIGN APPLICATIONS *****</b> NORWAY 20032477 06/02/2003 YES /CS/ <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 11/01/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/COLIN W STUART/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> PAUL S MADAN MADAN & SRIRAM, PC 2603 AUGUSTA DRIVE, SUITE 700 HOUSTON, TX 77057-5662 UNITED STATES						
<b>TITLE</b> Portable Breathing Apparatus						
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			